

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 16, 2009
Secretary of State

DOCUMENT# 727634

Entity Name: INDEPENDENT HOUSE OF PRAYER OF ZELLWOOD, INC.**Current Principal Place of Business:**6416 WILLOW STREET
ZELLWOOD, FL 32798**New Principal Place of Business:****Current Mailing Address:**PO BOX 1144
ZELLWOOD, FL 32798**New Mailing Address:****FEI Number:** 59-2267973**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BLACK, WILLIE S
2368 PARTNERSHIP HILL DR
APOPKA, FL 32712 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** BISH () Delete
Name: BLACK, WILLIE S
Address: 2368 PARTNERSHIP HILLS DR.
City-St-Zip: APOPKA, FL 32712**Title:** BISH () Delete
Name: WILSON, COY
Address: 7430 HOLLY ST.
City-St-Zip: ZELLWOOD, FL 32798**Title:** MOTH () Delete
Name: SIRMAN, LUCY LEE
Address: HOLLY ST.
City-St-Zip: ZELLWOOD, FL 32798**Title:** MIN () Delete
Name: DAWSON, GWENDOLYN
Address: 3679 MOHAWK DR.
City-St-Zip: ZELLWOOD, FL 32798**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** HM/S () Change (X) Addition
Name: HASTINGS, DEBORAH D
Address: 410 WEST KEENE RD
City-St-Zip: APOPKA, FL 32703 US**Title:** FN/S () Change (X) Addition
Name: LOVE, QUANDRA M
Address: 3887 KITTY HAWK AVE.
City-St-Zip: ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIE S. BLACK

BISH

06/16/2009

Electronic Signature of Signing Officer or Director

Date